

Alaska Commission on Aging

Other Budget and Policy Recommendations

Enhanced Services for People with Alzheimer's Disease & Related Dementia (ADRD)

Issue: Older Alaskans with ADRD who do not meet income and nursing home level of care requirements for the Medicaid waiver cannot be left safely at home unsupervised. They need cueing and supervision. Many communities are aware of individuals who are in relatively good overall health, with few or no medical needs, but whose dementia creates ongoing problems with wandering, confrontational behavior, dangerous home environments, and other threats to the safety and well-being of the individual or others. Medicaid waiver eligibility for this population (who would need to be income-qualified for the waiver) could help solve a problem that has created stress and strain in many Alaskan families and communities for years.

Recommendation: The Alaska Commission on Aging recommends **providing waiver services or an adequate amount of additional senior grant program funding** for this population of exceptionally vulnerable Alaskans.

Transportation: SB 77, HB 131

Issue: Safe, accessible and affordable transportation options are essential for older Alaskans and people with disabilities so that they are able to access medical care, get to jobs and volunteer placements, and participate in community life. Transportation is one of the top needs consistently identified in statewide surveys of these populations, including the elder-senior community forums and senior surveys conducted by the Alaska Commission on Aging to determine priority concerns of seniors.

Community transportation is a life-line for seniors and people with physical and cognitive disabilities to ensure a healthy quality of life. As the number of seniors in Alaska grows at a pace four times the national average, the Alaska Commission on Aging recommends that the State of Alaska support legislation and adequate funding for community transit systems that serve special needs populations.

Recommendation: The Alaska Commission on Aging recommends that the Legislature approve:

- Legislation establishing a permanent statewide Alaska Community and Public Transportation Advisory Board to address the ongoing transportation needs of all Alaskans. (HB 131, HB 30)
- Legislation identifying the role of public and community transportation in Alaska so that efforts can move forward toward a coordinated public and community transportation plan for all Alaskans. (HB 31)
- Funding in the amount of \$3 million of State general funds to incentivize local transit systems so that they can leverage maximum federal financial assistance for their public transportation operations. The ACoA supports the \$1 million in the Governor's FY 2013 budget to provide State match for public and community transportation and recommends an additional \$2 million for this purpose. (SB 77)

Strengthened Elder Protection Efforts: HB 150/SB 86

Issue: As the number of older Alaskans continues to increase, especially the “oldest old” (age 85 and older), so has the number of substantiated reports of harm to Adult Protective Services (APS), the Office of the Long-Term Care Ombudsman (OLTCO), and the Office of Elder Fraud and Assistance (OEFA). Elder abuse is a devastating and unrecognized problem that oftentimes goes unreported and can have life-threatening consequences. In Alaska, reports of harm against older adults are increasing. According to data from APS, there has been a 169% increase in the number of reports received over the last four years. The most frequent types of reports relate to self-neglect (49.9%), financial exploitation (18.7%), and neglect (9.3%). Similarly, the OLTCO reports more than a 200% increase in the number of complaints filed about treatment of seniors in long-term care facilities over the past three years.

The cost of elder abuse is significant. When an elder is victimized and needs services from the APS, the OLTCO, or law enforcement agencies, or loses his/her life-long financial assets and becomes Medicaid-eligible, the State bears the costs to provide this assistance. More disturbing is the personal cost to elderly victims where abuse often compromises a person’s independence and feeling of security leading to depression, hopelessness or even suicide.

Recommendation: The Alaska Commission on Aging supports passage of HB 150/SB 86, the Governor’s companion bills, to increase protection of vulnerable older adults against acts of abuse and financial exploitation by adding two new protections against financial exploitation (allowing individuals at imminent risk of losing their resources the ability to apply for an emergency conservatorship and apply for a 20-day financial protective order without an attorney); adding more mandated reporters (such as employees of nursing homes and other health care facilities, educators and administrative staff of educational institutions), and expanding the definition of reportable harm to include “undue influence” (when a trusted individual uses their position to exploit a vulnerable adult).

The ACoA also supports the Governor’s FY 2013 budget increment of \$550.0 (\$275.0 Federal/\$275.0 GF) to Adult Protective Services to add investigative positions to improve safety for vulnerable Alaskans.

AHFC Senior Citizen Housing Development Fund

Issue: Alaska is the state with the fastest growing senior population. We face a critical need for senior housing to serve people in low- and middle-income levels as the baby boomers enter their senior years. Although many older Alaskans plan to age in their own homes, many will eventually need more accessible, affordable housing as well as housing with wrap-around supports services to allow an older person to age in place. Funding is also needed for weatherization, energy upgrades and accessibility modifications to improve older housing stock where many seniors live.

Recommendation: The Alaska Commission on Aging supports the Alaska Housing Finance Corporation’s (AHFC) FY 2013 capital budget request for the Senior Citizens Housing Development Fund to support planning, development and renovation of senior housing throughout Alaska.

Phased Expansion of the Alaska Pioneer Homes

Issue: The Pioneer Homes are a uniquely Alaskan institution, offering safe and supportive community-centered environments and quality care to promote positive relationships, meaningful activities and opportunities for personal growth. The Homes utilize the “Eden Alternative Philosophy of Care” which seeks to eliminate loneliness, boredom and helplessness by enhancing the work environment for caregivers while surrounding residents with a supportive atmosphere that includes plants, animals and children. The proposed expansion would allow the Pioneer Homes to add additional beds in order to maintain the same percentage of the State’s total assisted living beds they now provide (15%) as the senior population, particularly the number of the “oldest old”, continues to grow. The Pioneer Homes operate 508 of the 3,405 licensed living beds in the State (2011). The Pioneer Homes are Eden Alternative certified and specialize in providing dementia care with 59% of their current residents having some form of dementia. With thousands of older Alaskans on its inactive wait list and over 350 on active wait lists (those who are ready to enter a Pioneer Home now), the Pioneer Homes are able to admit only ten or so new residents each month. Many people who need care now must wait years to get in; some may not make it to that point.

Recommendation: The Alaska Commission on Aging and the Pioneer Home Advisory Board support a phased expansion of the Pioneer Homes beginning with adding a total of 60 beds for the Fairbanks Pioneer Home. A capital increment in the amount of \$15 million is requested to add a 25-bed wing during the first phase of the Fairbanks Pioneer Home expansion followed by adding 36 beds during the second phase.

Patient-Centered Medical Home (PCMH)

Issue: The patient-centered approach to primary care is based on an ongoing relationship with a personal physician and care team who take the lead in the patient’s health care by coordinating and tracking all appointments, treatments and prescriptions, providing case management, chronic disease management, and behavioral health screening, assessment and treatment. Presently, the majority of Alaska’s health care facilities do not provide this comprehensive and integrative array of primary care services.

While medical home practices would receive additional reimbursement for providing PCMH services to high-need Medicare and Medicaid beneficiaries, it is expected that patients would receive a higher level of care, with great improvements in preventive care and reduced risk of complications. Given the relatively low reimbursement rate for primary care providers, such an effort could also be expected to increase the number of primary care physicians willing to accept Medicare patients.

Attention to behavioral health conditions such as depression, other mental illness and substance abuse would also be included in this integrated approach to treating the whole person. Research has demonstrated improved health conditions and lower per capita costs in states with strong primary care systems. The PCMH model has shown positive outcomes for chronic disease management and behavioral health interventions that work well for seniors who experience behavioral health problems, such as depression and substance abuse. While seniors often do not go to a community mental health center for help, they do visit their doctor in the primary care setting on a regular basis.

Recommendation: The Alaska Commission on Aging supports the efforts of the Department of Health and Social Services to develop the infrastructure for the patient-centered medical home to provide comprehensive, culturally competent, and coordinated primary care services to address chronic health conditions that will include expanded access to mental health specialists. ACoA supports the PCMH model for seniors because it provides flexible, holistic patient-centered care, encourages family involvement and has a proven track record for producing positive health outcomes and patient satisfaction.